Northern Light
Eastern Maine Medical Center

Blunt Chest Trauma Protocol

Rib fractures

Indications for admission may include the following:

1. Age >45 with multiple (3 or more) rib fractures
2. Any age with multiple rib fractures (3 or more) and:
    a. Poor pain control or
    b. Incentive Spirometry < or = 15 cc/kg IBW or
    c. Oxygen requirement > or = 5 L/min nasal cannula
    d. Underlying dx COPD

Document IS daily on rounds in ml- if IS goal not met in ED adjust medications accordingly

Initial management

1. Multimodal pain therapy including
    a. IV/PO Tylenol
    b. NSAID/toradol unless contraindicated
    c. Gabapentinoid
    d. Flexeril
    e. Lidocaine patch
    f. Oral opiods
    g. PCA
    h. Epidural if insufficient pain control
2. Diet as tolerated
3. DVT chemoprophylaxis unless contraindicated
4. OOB for meals and ambulation- three times a day , PT consult if necessary
5. Continue home medications
6. Pulse oximetry every 4 hours
7. Imaging

a. Repeat CXR at 24 hours or sooner if clinically warranted
   If pneumothorax present or hemothorax, consult surgery for evaluation for chest tube. This may be achieved via consult to EMMC trauma with transfer if the referring facility is unable to manage or a surgeon is not available

8. Once pain is controlled with oral medications and patient has met other discharge criteria to include:
   a. Tolerating a diet
   b. Oxygen saturation greater than 94% on RA
   c. Ambulating and ADL at baseline
   d. Incentive spirometry greater than 15 cc/kg IBW
   e. No infiltrate/hemothorax or pneumothorax on repeat CXR
   f. Follow up with PCP 1-2 weeks
   g. If patient experiences dyspnea, fevers or worsening pain consult PCP or return to ED for evaluation